DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To:	Maternity Case Management	**Memorandum No: 02-28 MAA**
	Managed Care Plans	**Issued:** June 1, 2002
	Regional Administrators	
	CSO Administrators	**For Information Call:**
		1-800-562-6188
From:	Douglas Porter, Assistant Secretary	**Supersedes:** 01-20 MAA
	Medical Assistance Administration (MAA)	

Subject: Vendor Rate Increase for Maternity Case Management

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a legislatively appropriated one and one-half (1.5) percent vendor rate increase. In addition, MAA has slightly changed the definition of state-unique procedure code 0081M.

Maximum Allowable Fees

The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs.

Description Change

MAA has slightly changed the description for the following state-unique procedure code:

State-Unique Code	New Description
0081M	Fee for reasonable **documented** attempts to contact client, but no in-person contact was made during the month (billing for this code is limited to the following circumstances: numerous telephone calls without response; agency letter to the last known address returned undeliverable; a home visit was attempted but no one answered the door; or the client did not show for a scheduled appointment). This procedure code may be used when an initial MCM assessment was completed **or** not completed. This procedure code is intended for outreach purposes and will be allowed only once in a three-month period during the client/baby's eligibility for MCM services (see page E.7).

Attached are updated replacement pages G.1-G.2 for MAA's Maternity Case Management Billing Instructions, dated April 2001. To obtain this document electronically, go to MAA's website at http://maa.dshs.wa.gov (click on the Provider Publications/Fee Schedules link).

Billing

> **Maternity case management is considered family-based intervention.**
> **Only <u>one</u> monthly Title XIX [targeted] case management fee for a**
> **pregnant/parenting woman and her family is allowed.**

Chemically Dependent Client

Use state-unique procedure codes **0076M or 0077M** to bill for pregnant or parenting women who are chemically dependent. The maternity case manager must document the following circumstances in the client's MCM record:

- Indications of alcohol and/or drug use by the woman, <u>OR</u>

- Indications of the presence of alcohol/drug use in the client's environment. (When billing these procedure codes, the service plan must include activities that address alcohol/drug issues.)

Refer women who are using alcohol and/or drugs to the county ADATSA Assessment Center for evaluation. A woman does not necessarily have to follow through with a drug treatment plan in order for you to bill at the higher rate. You must document your efforts to encourage the client to follow through with treatment.

Child Removed from the Mother's Home

Continue to bill for MCM services if the parenting client has had her infant removed from her custody, so long as:

- The plan is for her infant to return to her custody and she is participating in an active service plan, AND

- Either the mother or infant is eligible for Medical Assistance.

The MCM provider may work with the custodial relative or the foster home family, as appropriate. Documentation of all MCM activities must be written on the active service plan or cross-referenced to a dated progress note (please consult with a CPS Social Worker if providing MCM services to a foster home family and infant).

> **Mileage and field visit expenses are included**
> **in the reimbursement of each state-unique procedure code.**

Fee Schedule

Bill only ONE (1) of the following procedure codes per client/per family, per month. <u>Clients may have one Title XIX case manager at a time</u> (e.g., Maternity, Child Protective Service/Public Health Nurse, HIV/AIDS).

State-Unique Procedure Code	Description	Maximum Allowable Fee Effective 7/1/02*
0076M	Monthly case management fee for at least one **in-person contact** with the chemically-dependent[**] pregnant woman with no children living with her.	$101.90
0077M	Monthly case management fee for at least one **in-person contact** with the chemically-dependent[**] pregnant and/or parenting woman with children living with her.	113.20
0079M	Monthly case management fee for at least one **in-person contact** with the pregnant woman with no children living with her.	71.35
0080M	Monthly case management fee for at least one **in-person contact** with the pregnant and/or parenting woman with children living with her.	83.20
0081M	Fee for reasonable **documented** attempts to contact client, <u>but no in-person contact was made during the month</u> (billing for this code is limited to the following circumstances: numerous telephone calls without response; agency letter to the last known address returned undeliverable; a home visit was attempted but no one answered the door; or the client did not show for a scheduled appointment). This procedure code may be used when an initial MCM assessment was completed **or** not completed. This procedure code is intended for outreach purposes and will be allowed only once in a three-month period during the client/baby's eligibility for MCM services (see page E.7).	12.00

*   Vendor rate increases occur on July 1st if authorized by the legislature. Check your most recent Numbered Memorandums issued in June of each year for new rates, or check MAA's web site at: http://maa.dshs.wa.gov (Numbered Memorandum link), or call MAA's Maternity Case Management Program Manager at (360) 725-1655.

**   Bill the appropriate state-unique procedure code (0076M or 0077M) when the active service plan includes identified needs/issues relating to alcohol or drug use by the client or use by others in her environment.

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Change Service Requested